

Application Information

Secrecy Order in Parent Appl.?:

Applicants' Information

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: Italy
Status:: Full Capacity

Given Name:: Giovanni
Middle Name::
Family Name:: Di Bernardo
Name Suffix::
City of Residence:: Mascalucia
State or Province of Residence::
Country of Residence:: Italy
Street of mailing address:: Via Avv. V. Reina, 16
City of mailing address:: Mascalucia
State or Province of mailing address::
Country of mailing address:: Italy
Postal or Zip Code of mailing address:: 95030

Variable	Mean	SD	Min	Max
Age	34.5	10.2	18	65
Gender	0.5	0.5	0	1
Marital Status	0.3	0.5	0	1
Education	12.5	2.5	9	16
Income	3500	1500	1000	8000
Health Status	0.7	0.5	0	1
Exercise Frequency	2.5	1.5	0	5
Stress Level	4.5	1.5	1	7
Sleep Quality	3.5	1.5	1	5
Dietary Habits	2.5	1.5	0	5
Work-Life Balance	3.5	1.5	1	5
Family Support	4.5	1.5	1	7
Community Involvement	2.5	1.5	0	5
Personal Growth	3.5	1.5	1	5
Life Satisfaction	4.5	1.5	1	7
Overall Well-being	3.5	1.5	1	5

Middle Name::

Name Suffix::

State or Province of

Residence::

Street of mailing address:: Via Gallipoli, 395

State or Province of

mailing address::

Country of mailing

address:: Italy

Postal or Zip Code of

mailing address:: 95014

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: Italy

Status:: Full Capacity

Given Name:: Luigi

Middle Name::

Family Name:: Occhipinti

Name Suffix::

City of Residence:: Ragusa

State or Province of

Residence::

Country of Residence:: Italy

Street of mailing address:: Via Germania, 33

City of mailing address:: Ragusa

State or Province of

mailing address::

Country of mailing

address:: Italy

Postal or Zip Code of

mailing address:: 97100

Correspondence Information

Correspondence Customer 00500

Number ::

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing
address::

Country of mailing address::

Postal or Zip Code of mailing
address::

Phone number::

Fax Number:

E-Mail address:: RussT@seedlaw.com

Representative Information

Representative Customer Number::	No more than 9 digits	00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
		no more than 20 characters	8 characters, MM / DD / YY

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
up to 50 characters	up to 20 characters	8 characters, MM / DD / YY	Yes or No
Europe	00830571.6	08/09/00	Yes

Assignee Information

Assignee name:: STMicroelectronics S.r.l.
Street of mailing
address:: Via C. Olivetti, 2
City of mailing address:: Agrate Brianza
State or Province of
mailing address:: MI
Country of mailing
address:: Italy
Postal or Zip Code of
mailing address:: 20041